

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 128
Registered No. 128

1. PLACE OF BIRTH

County Globe State Arizona
Township Globe or Village
City Globe No. Knob Hill (at home) Ward

2. Full name of child John Wilbur Northrup
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex male If plural births { 4. Twin, triplet, or other { 5. Number, in order of birth { 6. Premature { 7. Legitimate? Yes 8. Date of birth May 25, 1904
Full term { (Month, day, year)

9. Full name Arthur James Northrup FATHER
10. Residence (usual place of abode) Globe
(If non-resident, give place and State)

11. Color or race Amer. 12. Age at last birthday 35 (Years)

13. Birthplace (city or place) Detroit
(State or country) Michigan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Smelter

16. Date (month and year) last engaged in this work Dec., 1904 17. Total time (years) spent in this work

18. Full maiden name Willie Blanche Newman MOTHER

19. Residence (usual place of abode) Globe
(If non-resident, give place and State)

20. Color or race Amer. 21. Age at last birthday 20 (Years)

22. Birthplace (city or place) Near Bowie
(State or country) Texas

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation { months or weeks 29. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. m. on the date above stated
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given named added from a supplemental report (Date of)

(Signed) Willie Blanche Northrup M.D.
or 330 S. Grand Ave. Los Angeles, Cal.
Address 11/14, 1902 H.E. Wightman Registrar

157-606-223